



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number
BioSafe90 LLC/ 98159-

2. EPA Product Manager
Eric Miederhoff

3. Proposed Classification

☒ None ☐ Restricted

4. Company/Product (Name)
BioSafe90 LLC/ BIOSAFE90

PM#
31

5. Name and Address of Applicant (Include ZIP Code)

BioSafe LLC C/O Spring Regulatory Sciences
6620 Cypresswood Dr., Suite 250, Spring, TX 77379

☐ Check if this is a new address

6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:

EPA Reg. No. _____

Product Name _____

Section - II

☐ Amendment - Explain below.

☐ Resubmission in response to Agency letter dated _____

☐ Notification - Explain below.

☐ Final printed labels in response to
Agency letter dated _____

☐ "Me Too" Application.

☒ Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

New application for registration for BIOSAFE90 from BioSafe90 LLC.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging

☐ Yes*
☒ No

Unit Packaging

☐ Yes
☒ No

Water Soluble Packaging

☐ Yes
☒ No

2. Type of Container

☒ Metal
☒ Plastic
☐ Glass
☐ Paper
☐ Other (Specify) _____

* Certification must
be submitted

If "Yes"
Unit Packaging wgt.

No. per
container

If "Yes"
Package wgt

No. per
container

3. Location of Net Contents Information

☒ Label ☐ Container

4. Size(s) Retail Container

8oz, 16oz, 32 oz, 1 gallon, 5 gallon HPDE.
55 gal steel drums.

5. Location of Label Directions

☒ On Label
☐ On Labeling accompanying product

6. Manner in Which Label is Affixed to Product

☐ Lithograph
☐ Paper glued
☐ Stenciled

☐ Other _____

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name
Greg Ruff

Title
Consultant

Telephone No. (Include Area Code)
877-227-2597

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.
I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or
both under applicable law.

6. Date Application
Received
(Stamped)

2. Signature

Y Ruff

3. Title

Consultant

4. Typed Name

Greg Ruff

5. Date

10/23/2020